Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
WESTERN DISTRICT OF PENNSYLVANIA	_	
Case number (if known)	_ Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	■ Chapter 13	Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport).	Gerald First name W. Middle name	First name Middle name
	Bring your picture	Gotch	
	identification to your meeting with the trustee.	Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years		
	Include your married or maiden names.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-2434	

Debtor 1	Gerald W. Gotch	Case number (if known)
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		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years	■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.
	Include trade names and doing business as names	Business name(s)	Business name(s)
		EINs	EINs
5.	Where you live	740 S. Keel Ridge Road	If Debtor 2 lives at a different address:
		Hermitage, PA 16148 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code
		Mercer	
		County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
6.	Why you are choosing this district to file for bankruptcy	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason.	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason.
		Explain. (See 28 U.S.C. § 1408.)	Explain. (See 28 U.S.C. § 1408.)

7.	The chapter of the Bankruptcy Code you are				of each, see <i>Notice Requ</i> page 1 and check the ap		2(b) for Individuals Filin	g for Bankruptcy
	choosing to file under	☐ Cha	apter 7					
		☐ Cha	apter 11					
		☐ Cha	apter 12					
		■ Cha	apter 13					
8.	How you will pay the fee		about how yo	ou may pay. Typ attorney is subr	en I file my petition. Pleas ically, if you are paying the nitting your payment on you	e fee yourself, you may	y pay with cash, cashie	r's check, or money
					allments. If you choose the	nis option, sign and att	ach the Application for	Individuals to Pay
			request the	at my fee be wa Juired to, waive y	s (Official Form 103A). ived (You may request the your fee, and may do so o	nly if your income is les	ss than 150% of the off	icial poverty line that
					d you are unable to pay the Chapter 7 Filing Fee Waive			
9.	Have you filed for bankruptcy within the	■ No.						
	last 8 years?	☐ Yes						
			District				Case number	
			District		When		Case number	
			District	-	When		Case number	
10.	Are any bankruptcy cases pending or being	■ No						
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes						
			Debtor	-		R	elationship to you	
			District		When		ase number, if known	
			Debtor				elationship to you	
			District		When	C	ase number, if known	
11.	Do you rent your residence?	■ No.	Go to	line 12.				
	residence:	☐ Yes	. Has ye	our landlord obta	ined an eviction judgmen	against you?		
				No. Go to line	12.			
				Yes. Fill out Init	tial Statement About an E	viction Judgment Agai	nst You (Form 101A) ai	nd file it as part of

Case number (if known)

Debtor 1 Gerald W. Gotch

14.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.	
		☐ Yes.	Nam	e and location of bus	iness
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Nam	e of business, if any	
	If you have more than one sole proprietorship, use a separate sheet and attach			ber, Street, City, Sta	
	it to this petition.				ex to describe your business:
					ness (as defined in 11 U.S.C. § 101(27A))
				· ·	Estate (as defined in 11 U.S.C. § 101(51B))
				•	efined in 11 U.S.C. § 101(53A))
				-	er (as defined in 11 U.S.C. § 101(6))
				None of the above	9
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadline	s. If you ins, cash-	ndicate that you are flow statement, and f	court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of federal income tax return or if any of these documents do not exist, follow the procedure
	For a definition of small	■ No.	I am	not filing under Chap	oter 11.
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am Code	•	11, but I am NOT a small business debtor according to the definition in the Bankruptcy
		☐ Yes.	I am	filing under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code
Par	t 4: Report if You Own or	Have Any	y Hazard	ous Property or An	y Property That Needs Immediate Attention
14.	Do you own or have any	■ No.			
	property that poses or is alleged to pose a threat of imminent and identifiable hazard to	☐ Yes.	What is	the hazard?	
	public health or safety? Or do you own any property that needs immediate attention?			diate attention is , why is it needed?	
	For example, do you own perishable goods, or livestock that must be fed,		Where	is the property?	
	or a building that needs urgent repairs?				

Case number (if known)

Debtor 1 Gerald W. Gotch

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Der	Geraid W. Gotch			Case numb	GI (II KIIOWII)			
Par	6: Answer These Quest	ions for R	eporting Purposes					
16.	What kind of debts do you have?	16a.	individual primarily for a pe	consumer debts? Consumer debts are detersonal, family, or household purpose."	fined in 11 U.S.C. § 101(8) as "incurred by an			
			□ No. Go to line 16b. ■ Yes. Go to line 17.					
		16b.		business debts? Business debts are debts vestment or through the operation of the business debts.				
			☐ No. Go to line 16c.					
			☐ Yes. Go to line 17.					
		16c.	State the type of debts you	u owe that are not consumer debts or busine	ess debts			
17.	Are you filing under Chapter 7?	■ No.	I am not filing under Chapt	ter 7. Go to line 18.				
	Do you estimate that after any exempt property is excluded and	☐ Yes.		7. Do you estimate that after any exempt pro available to distribute to unsecured creditors	perty is excluded and administrative expenses ?			
	administrative expenses		□ No					
	are paid that funds will be available for distribution to unsecured creditors?		☐ Yes					
18.	How many Creditors do you estimate that you owe?	■ 1-49 □ 50-99 □ 100-1 □ 200-9	99	☐ 1,000-5,000 ☐ 5001-10,000 ☐ 10,001-25,000	☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than100,000			
19.	How much do you estimate your assets to be worth?	1 \$100,	550,000 01 - \$100,000 001 - \$500,000 001 - \$1 million	□ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion			
20.	How much do you estimate your liabilities to be?	\$ 100,	550,000 001 - \$100,000 001 - \$500,000 001 - \$1 million	□ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion			
Par	7: Sign Below							
For	you	I have ex	camined this petition, and I d	declare under penalty of perjury that the info	rmation provided is true and correct.			
				r 7, I am aware that I may proceed, if eligible e relief available under each chapter, and I c				
				d not pay or agree to pay someone who is n the notice required by 11 U.S.C. § 342(b).	ot an attorney to help me fill out this			
		I request	relief in accordance with the	e chapter of title 11, United States Code, spo	ecified in this petition.			
		bankrupt and 357	cy case can result in fines u 1.	nt, concealing property, or obtaining money p to \$250,000, or imprisonment for up to 20	or property by fraud in connection with a years, or both. 18 U.S.C. §§ 152, 1341, 1519,			
		Gerald	ald W. Gotch W. Gotch e of Debtor 1	Signature of Debt	or 2			
		Executed		Executed on				
			MM / DD / YYYY	Mi	M / DD / YYYY			

Debtor 1 Gerald W. Gotch		Ca	se number (if known)
For your attorney, if you are represented by one	I, the attorney for the debtor(s) named in this petition, declar under Chapter 7, 11, 12, or 13 of title 11, United States Co- for which the person is eligible. I also certify that I have de	de, and have	explained the relief available under each chapter
If you are not represented by an attorney, you do not need to file this page.	and, in a case in which § 707(b)(4)(D) applies, certify that I schedules filed with the petition is incorrect.		
	/s/ Dai Rosenblum, Esq.	Date	May 3, 2018
	Signature of Attorney for Debtor		MM / DD / YYYY
	Dai Rosenblum, Esq. 31802 PA		
	Dai Rosenblum, Esq.		
	254 New Castle Road		
	Suite B		
	Butler, PA 16001		
	Number, Street, City, State & ZIP Code		

Email address

Contact phone **724-287-5300**

31802 PA
Bar number & State

dailaw@earthlink.net

Filli	this information to identify your case:		
Deb	or 1 Gerald W. Gotch		
Deb	First Name Middle Name Last Name		
	e if, filing) First Name Middle Name Last Name		
Unite	d States Bankruptcy Court for the: WESTERN DISTRICT OF PENNSYLVANIA		
Case	number		
(if kno	vn)	_	ck if this is an
		ame	nded filing
Ott	sial Form 106Cum		
	cial Form 106Sum mary of Your Assets and Liabilities and Certain Statistical Information		40/45
	complete and accurate as possible. If two married people are filing together, both are equally responsible for	or supply	12/15 ina correct
infor	nation. Fill out all of your schedules first; then complete the information on this form. If you are filing amend original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.		
Part	Summarize Your Assets		
			assets of what you own
1.	Schedule A/B: Property (Official Form 106A/B)	raido	or maryou our
1.	1a. Copy line 55, Total real estate, from Schedule A/B	\$	123,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	27,429.12
	1c. Copy line 63, Total of all property on Schedule A/B	\$	150,429.12
Part	2: Summarize Your Liabilities		•
ı arı	Julimarize Tour Liabilities		
			liabilities nt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	\$	124,688.00
	2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	Ψ	121,000.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	1,297.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	8,693.00
	Your total liabilities	\$	134,678.00
Part	Summarize Your Income and Expenses		
	<u> </u>		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	0.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	3,211.77
Part	4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ur other s	chedules.
7.	■ Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for	a nersons	al family or
	household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	a personia	a, rainny, Oi

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$_____

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total cl	aim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	1,297.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	1,297.00

ebtor 1 G							
	erald W. Gotc						
	st Name	Middle	Name	Last Name	_		
ebtor 2 pouse, if filing) Fir	st Name	Middle	Name	Last Name			
ited States Bankrup	tcy Court for the	: WESTERN	I DISTRI	ICT OF PENNSYLVANIA			
ase number							
ise number							Check if this is an amended filing
							_
fficial Form	106A/B						
chedule A		norty					40/45
		<u> </u>		only once. If an asset fits in more than or			12/15
□ No. Go to Part 2. ■ Yes. Where is the p	, ,	50 1110	iny roota	ence, building, land, or similar property?			
			What	is the property? Check all that apply			
740 S. Keelridg	ge Road		What	is the property? Check all that apply Single-family home	Do not dedu	uct secured cla	aims or exemptions. Put
	<u> </u>	on	•		the amount	of any secure	aims or exemptions. Put d claims on Schedule D:
740 S. Keelridg	<u> </u>	on	What	Single-family home	the amount	of any secure	
740 S. Keelridg	<u> </u>	on		Single-family home Duplex or multi-unit building	the amount Creditors W	of any secure /ho Have Clair	d claims on Schedule D: ms Secured by Property.
740 S. Keelridg	able, or other description	on 6148-0000	■	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home	the amount	of any secure tho Have Clair ue of the	d claims on Schedule D:
740 S. Keelridg Street address, if availa	able, or other description			Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property	the amount Creditors W Current val entire prop	of any secure tho Have Clair ue of the	d claims on Schedule D: ms Secured by Property. Current value of the portion you own?
740 S. Keelridg Street address, if availa Hermitage	PA 16	6148-0000		Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare	the amount Creditors W Current val entire prop \$12 Describe th	of any secure tho Have Clair ue of the erty? 3,000.00 ne nature of y	d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$123,000.00
740 S. Keelridg Street address, if availa Hermitage	PA 16	6148-0000		Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other	Current val entire prop \$12 Describe the (such as fee	of any secure tho Have Clair ue of the erty? 3,000.00 ne nature of y	d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$123,000.00
740 S. Keelridg Street address, if availa Hermitage	PA 16	6148-0000		Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare	Current val entire prop \$12 Describe the (such as fee	of any secure tho Have Clair ue of the erty? 3,000.00 ne nature of y e simple, ten e), if known.	d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$123,000.00
740 S. Keelridg Street address, if availa Hermitage	PA 16	6148-0000		Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one	Current val entire prop \$12 Describe the (such as fe a life estate)	of any secure tho Have Clair ue of the erty? 3,000.00 ne nature of y e simple, ten e), if known.	d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$123,000.00
740 S. Keelridg Street address, if availa Hermitage City	PA 16	6148-0000		Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only	Current val entire prop \$12 Describe th (such as fe a life estate Fee simp	of any secure the Have Clair tue of the erty? 3,000.00 ne nature of y e simple, ten e), if known.	d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$123,000.00 rour ownership interest ancy by the entireties, o
T40 S. Keelridg Street address, if availa Hermitage City Mercer	PA 16	6148-0000		Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	Current val entire prop \$12 Describe th (such as fe a life estate Fee Simp	of any secure the Have Clair use of the erty? 3,000.00 ne nature of ye simple, ten e), if known. Dile if this is compared the compa	d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$123,000.00
Hermitage City Mercer	PA 16	6148-0000		Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another r information you wish to add about this it	Current val entire prop \$12 Describe th (such as fe a life estate Fee Simp	of any secure the Have Clair use of the erty? 3,000.00 ne nature of ye simple, ten e), if known. Dile if this is compared the compa	d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$123,000.00 rour ownership interest ancy by the entireties, of
740 S. Keelridg Street address, if availa Hermitage City Mercer	PA 16	6148-0000	Who I	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another rinformation you wish to add about this iterty identification number:	Current val entire prop \$12 Describe th (such as fe a life estate Fee Simp	of any secure the Have Clair use of the erty? 3,000.00 ne nature of ye simple, ten e), if known. Dile if this is compared the compa	d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$123,000.00 rour ownership interest ancy by the entireties, or
740 S. Keelridg Street address, if availa Hermitage City Mercer	PA 16	6148-0000	Who I	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another r information you wish to add about this it	Current val entire prop \$12 Describe th (such as fe a life estate Fee Simp	of any secure the Have Clair use of the erty? 3,000.00 ne nature of ye simple, ten e), if known. Dile if this is comtructions)	d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$123,000.00 rour ownership interest ancy by the entireties, o
740 S. Keelridg Street address, if availa Hermitage City Mercer	PA 16	6148-0000	Who I	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another rinformation you wish to add about this iterty identification number:	Current val entire prop \$12 Describe th (such as fe a life estate Fee Simp	of any secure the Have Clair use of the erty? 3,000.00 ne nature of ye simple, ten e), if known. Dile if this is comtructions)	d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$123,000.00 rour ownership interest ancy by the entireties, of
T40 S. Keelridg Street address, if availate Hermitage City Mercer County Add the dollar val	PA 16 State	6148-0000 ZIP Code	Who I Other prope Debt	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another rinformation you wish to add about this iterty identification number:	the amount Creditors W Current val entire prop \$12 Describe th (such as fe a life estate Fee simp Check (see ins em, such as locate) and the control of	of any secure tho Have Clair ue of the erty? 3,000.00 ne nature of y e simple, ten e), if known. Die if this is com tructions) cal	d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$123,000.00 rour ownership interest ancy by the entireties, o

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Deb	otor 1	erald W. Go	tch		Case number (if known)	
3. C	ars, vans	, trucks, tracto	ors, sport utility ve	hicles, motorcycles		
_	l No					
	l _{Yes}					
	165					
3.1	l Make:	Ford		Who has an interest in the property? Check one	Do not deduct sec	ured claims or exemptions. Put
3.1	Model:	F-150		_		secured claims on Schedule D: ve Claims Secured by Property.
	Year:	2008		■ Debtor 1 only □ Debtor 2 only		
		nate mileage:	89,174	Debtor 1 and Debtor 2 only	Current value of t entire property?	the Current value of the portion you own?
	Other in	formation:	<u> </u>	☐ At least one of the debtors and another		
				Check if this is community property (see instructions)	\$11,850	.00 \$11,850.00
				d other recreational vehicles, other vehicles, tercraft, fishing vessels, snowmobiles, motorcyc		
	No					
	l Yes					
					1	
			•	n for all of your entries from Part 2, including		\$11,850.00
4.	pages you	have attached	d for Part 2. Write t	that number here	=>	Ψ11,030.00
Dow	Danasi	V B	al and Harrack ald 160			
Part			al and Household Ite	terest in any of the following items?		Current value of the
	•	Í	•	torest in any or the following items:		portion you own? Do not deduct secured claims or exemptions.
L		goods and fu Major applianc		, china, kitchenware		
	Yes. De	escribe				
		Γ	Lister no con from	with the body come from its the distinct was not	f	
			•	niture, bedroom furniture, dining room f tor, washer, dryer, dishwasher, lawn mo	,	
				small appliances and household tools (r		
			over \$600 in val	ue)		\$8,000.00
	□ No	Televisions and including cell p		eo, stereo, and digital equipment; computers, pri nedia players, games	inters, scanners; music c	ollections; electronic devices
•	Yes. De	escride				
			Three television \$600 in value)	ns, dvd player, tablet, cell phone (no one	e item over	\$1,500.00
I	collectible: Examples: ■ No	Antiques and fi	gurines; paintings, ns, memorabilia, col	prints, or other artwork; books, pictures, or other llectibles	r art objects; stamp, coin,	or baseball card collections;
	☐ Yes. De	escribe				
_	Examples:	for sports and Sports, photog musical instrur	raphic, exercise, an	nd other hobby equipment; bicycles, pool tables,	golf clubs, skis; canoes a	and kayaks; carpentry tools;
	■ No □ Yes. De	escribe				
	 I UO. LIF	,001100.,				

Debtor	Gerald W. G	otch	Case number (if known	
10. Fire	arms			
		s, shotguns, ammunition, and	related equipment	
	_			
■ Ye	es. Describe			
		9 mm glock		\$200.00
		5 mm glook		
44 01-4	uh a a			
11. Clot <i>Exa</i>		othes, furs, leather coats, desi	gner wear, shoes, accessories	
■ Ye	es. Describe			
				\$500.00
		Personal clothing		\$500.00
12. Jew		and the second s		and the State of
Exa □ No		weiry, costume jeweiry, engag	gement rings, wedding rings, heirloom jewelry, watches, gems,	goia, silver
	es. Describe			
、	33. D0301100			
		Wedding ring		\$500.00
13. No n	-farm animals			
	amples: Dogs, cats,	birds, horses		
■ Ye	es. Describe			
		German Sheppard - \$60	00.	
		Three cats - \$150	,	\$750.00
14 Anv	other nersonal an	d household items vou did r	not already list, including any health aids you did not list	
■ No		a nousenoia items you ala i	not undealy not, moraling any neutrinal and you are not not	
	es. Give specific inf	ormation		
	·			
15 Ad	ld the dollar value	of all of your entries from Pa	art 3, including any entries for pages you have attached	
		_		\$11,450.00
Part 4:	Describe Your Finan	cial Assets		
		egal or equitable interest in	any of the following?	Current value of the
	·		,	portion you own?
				Do not deduct secured claims or exemptions.
16. Cas		have in your wallet in your ho	me, in a safe deposit box, and on hand when you file your peti	tion
		navo in your wanot, in your not	ine, in a sais aspesit sox, and sir hand interview ine year per	
■ Ye	es			
			Cash	\$100.00
	osits of money			
Exa			unts; certificates of deposit; shares in credit unions, brokerage with the same institution, list each.	houses, and other similar
□ No		ii you nave munipie accounts	with the same motitudell, not each.	
	es		Institution name:	
,			Penn Star Federal Credit Union, State St.,	
		17.1. Checking	Hermitage, PA	\$6.12
		_		

Official Form 106A/B Schedule A/B: Property

page 3

De	btor 1	Gerald W. Go	otch		Case number (if known)	
	Examp		or publicly traded stocks investment accounts with broken	erage firms, money market accou	nts	
	■ No □ Yes		Institution or issuer na	nme:		
_	joint ve		ock and interests in incorpora	ated and unincorporated busine	esses, including an interest in	an LLC, partnership, and
	■ No □ Yes.	Give specific info	ormation about them Name of entity:		% of ownership:	
ı	Negotia Non-ne ■ No	able instruments egotiable instrum	include personal checks, cashi	able and non-negotiable instrun ers' checks, promissory notes, an sfer to someone by signing or deliv	d money orders.	
	_ 100. (Sive specific file	Issuer name:			
		nent or pension les: Interests in II		B(b), thrift savings accounts, or oth	ner pension or profit-sharing plan	s
l	□ Yes. l	ist each accoun	t separately. Type of account:	Institution name:		
	Your sh		d deposits you have made so th	nat you may continue service or usublic utilities (electric, gas, water),		or others
I	☐ Yes			Institution name or individual	:	
I	No	,		to you, either for life or for a numb	per of years)	
ı	☐ Yes	ISS	suer name and description.			
			n IRA, in an account in a qua 529A(b), and 529(b)(1).	lified ABLE program, or under	a qualified state tuition progra	m.
_	⊒ Yes	Ins	stitution name and description.	Separately file the records of any	interests.11 U.S.C. § 521(c):	
	Trusts, ■ No	equitable or fut	ure interests in property (oth	er than anything listed in line 1), and rights or powers exercis	able for your benefit
ı	□ Yes.	Give specific info	ormation about them			
			ademarks, trade secrets, and ain names, websites, proceeds	other intellectual property s from royalties and licensing agre	ements	
		Give specific info	ormation about them			
			and other general intangibles mits, exclusive licenses, cooper	rative association holdings, liquor	licenses, professional licenses	
ı	☐ Yes.	Give specific info	ormation about them			
Мо	ney or p	property owed to	o you?			Current value of the portion you own? Do not deduct secured claims or exemptions.

Official Form 106A/B Schedule A/B: Property page 4

Debtor 1 Gerald W. Go	otcn	Case number (if known)	
28. Tax refunds owed to yo □ No	ou		
	rmation about them, including whether you alread	ly filed the returns and the tax years	
	Refund 2016	Federal	\$1,175.00
	D (10047		*** 0.4 7 0.0
	Refund 2017	Federal	\$2,847.00
29. Family support			
	ump sum alimony, spousal support, child support	, maintenance, divorce settlement, property	settlement
No			
☐ Yes. Give specific info	rmation		
30. Other amounts someon	ne owes vou		
Examples: Unpaid wage	es, disability insurance payments, disability benefi	ts, sick pay, vacation pay, workers' compen	sation, Social Security
Denents; unp ■ No	paid loans you made to someone else		
☐ Yes. Give specific info	ormation		
31. Interests in insurance p	policies		
	illity, or life insurance; health savings account (HS	SA); credit, homeowner's, or renter's insuran	ce
■ No	nce company of each policy and list its value.		
Tes. Name the instrain	Company name:	Beneficiary:	Surrender or refund
			value:
	y that is due you from someone who has died y of a living trust, expect proceeds from a life insu	rance policy, or are currently entitled to rece	eive property because
someone has died.	,		. , . ,
■ No☐ Yes. Give specific info	vrmation		
☐ res. Give specific into	omation		
	rties, whether or not you have filed a lawsuit o		
Examples: Accidents, er	mployment disputes, insurance claims, or rights to	sue	
☐ Yes. Describe each cl	aim		
34. Other contingent and u	Inliquidated claims of every nature, including o	counterclaims of the debtor and rights to	set off claims
□ No	g.		
Yes. Describe each cla	aim		
	Pending disability claim. Cu	ırrent value unknown. Darren K	
	Parr, Esq. to be specially ap	proved. 100% exempt.	\$1.00
35. Any financial assets yo ■ No	ou did not already list		
Yes. Give specific info	ormation		
·		Γ	
	of all of your entries from Part 4, including any		\$4,129.12
a ii rrino illut li			
Part 5: Describe Any Busines	ss-Related Property You Own or Have an Interest In.	List any real estate in Part 1.	
37. Do you own or have any le	gal or equitable interest in any business-related prop	perty?	

Official Form 106A/B Schedule A/B: Property page 5

No. Go to Part 6.

Debto	Gerald W. Gotch		Case number (if known)	
ΠY	es. Go to line 38.			
Part 6:	Describe Any Farm- and Commercial Fishing-Related Property You If you own or have an interest in farmland, list it in Part 1.	u Own or Have an Interes	st In.	
	you own or have any legal or equitable interest in any farm	- or commercial fishir	ng-related property?	
	No. Go to Part 7.			
	Yes. Go to line 47.			
Part 7:	Describe All Property You Own or Have an Interest in That Yo	ou Did Not List Above		
rait 7.	Describe All Froperty Fou Own of Flave all Interest in Flat Fe	ou blu Hot List Above		
	you have other property of any kind you did not already list kamples: Season tickets, country club membership	t?		
	,			
_	vo ∕es. Give specific information			
_	cs. Sive specific information		_	
54. <i>I</i>	add the dollar value of all of your entries from Part 7. Write t	hat number here		\$0.00
	•			·
Part 8:	List the Totals of Each Part of this Form			
55 F	art 1: Total real estate, line 2			\$123,000.00
	art 2: Total vehicles, line 5	\$11,850.00		Ψ120,000.00
57. F	art 3: Total personal and household items, line 15	\$11,450.00		
	art 4: Total financial assets, line 36	\$4,129.12		
59. F	art 5: Total business-related property, line 45	\$0.00		
60. F	art 6: Total farm- and fishing-related property, line 52	\$0.00		
61. F	art 7: Total other property not listed, line 54	+ \$0.00		
62. 1	otal personal property. Add lines 56 through 61	\$27,429.12	Copy personal property to	tal \$27,429.12
63. 1	otal of all property on Schedule A/B. Add line 55 + line 62			\$150,429.12

Fil	ll in this infor	mation to identify your	case:			
De	ebtor 1	Gerald W. Gotch				
Dε	ebtor 2	First Name	Middle Name	Last Name		
(Sp	pouse if, filing)	First Name	Middle Name	Last Name		
Ur	nited States Ba	inkruptcy Court for the:	WESTERN DISTRICT O	OF PENNSYLVANIA		
Ca	ase number					
(if I	known)					Check if this is an amended filing
Be the	as complete a property you l	nd accurate as possible. isted on <i>Schedule A/B: F</i> and attach to this page as a	If two married people are Property (Official Form 106	A/B) as your source, list the p	ly responsible for supproperty that you claim	plying correct information. Using as exempt. If more space is ional pages, write your name and
spe any fun exe	ecific dollar a y applicable s nds—may be u emption to a p	mount as exempt. Alter tatutory limit. Some exe unlimited in dollar amou	natively, you may claim temptions—such as those unt. However, if you clair	the full fair market value of the for health aids, rights to remain an exemption of 100% of the factors.	the property being e eceive certain benefi fair market value und	way of doing so is to state a xempted up to the amount of its, and tax-exempt retirement der a law that limits the ir exemption would be limited
Pa	art 1: Identi	fy the Property You Cla	im as Exempt			
1.	Which set o	f exemptions are you c	aiming? Check one only,	even if your spouse is filing v	vith you.	
	☐ You are c	laiming state and federal	nonbankruptcy exemption	ns. 11 U.S.C. § 522(b)(3)		
	You are c	laiming federal exemption	ns. 11 U.S.C. § 522(b)(2)			
_	_					

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Check only one box for each exemption.	
2008 Ford F-150 89,174 miles Line from Schedule A/B: 3.1	\$11,850.00	\$3,775.00	11 U.S.C. § 522(d)(2)
Line from Schedule A/B. 3.1		100% of fair market value, up to any applicable statutory limit	-)
2008 Ford F-150 89,174 miles Line from Schedule A/B: 3.1	\$11,850.00	\$8,075.00	11 U.S.C. § 522(d)(5)
Line IIom Schedule A.B. 3.1		☐ 100% of fair market value, up to any applicable statutory limit	
Living room furniture, bedroom furniture, dining room furniture,	\$8,000.00	\$8,000.00	11 U.S.C. § 522(d)(3)
stove, refrigerator, washer, dryer, dishwasher, lawn mower, miscellaneous small appliances and household tools (no one item over \$600 in value) Line from Schedule A/B: 6.1		100% of fair market value, up to any applicable statutory limit	
Three televisions, dvd player, tablet, cell phone (no one item over \$600 in	\$1,500.00	\$1,500.00	11 U.S.C. § 522(d)(3)
value) Line from Schedule A/B: 7.1		100% of fair market value, up to any applicable statutory limit	

Brief description of the property and line on Schedule A/B that lists this property		Current value of the portion you own	Amount of the exemption you claim		Specific laws that allow exemption	
		Copy the value from Schedule A/B	Check only one box for each exemption.			
	9 mm glock Line from Schedule A/B: 10.1	\$200.00		\$200.00	11 U.S.C. § 522(d)(5)	
	Zino nom ostrodato svizi. 1011			100% of fair market value, up to any applicable statutory limit		
	Personal clothing Line from Schedule A/B: 11.1	\$500.00	•	\$500.00	11 U.S.C. § 522(d)(3)	
	Zino nom osinodato i vizi			100% of fair market value, up to any applicable statutory limit		
	Wedding ring Line from Schedule A/B: 12.1	\$500.00		\$500.00	11 U.S.C. § 522(d)(4)	
	Zino nom osmodalo (VZ). VZII			100% of fair market value, up to any applicable statutory limit		
	German Sheppard - \$600; Three cats - \$150	\$750.00		\$750.00	11 U.S.C. § 522(d)(3)	
	Line from Schedule A/B: 13.1			100% of fair market value, up to any applicable statutory limit		
	Cash Line from Schedule A/B: 16.1	\$100.00	•	\$100.00	11 U.S.C. § 522(d)(5)	
	Ellie Holli ochledate AVB. 10.1			100% of fair market value, up to any applicable statutory limit		
	Checking: Penn Star Federal Credit Union, State St., Hermitage, PA	\$6.12		\$6.12	11 U.S.C. § 522(d)(5)	
	Line from Schedule A/B: 17.1			100% of fair market value, up to any applicable statutory limit		
	Federal: Refund 2016 Line from Schedule A/B: 28.1	\$1,175.00		\$1,175.00	11 U.S.C. § 522(d)(5)	
	Ellie II olii ocii codic 74 B. 2011			100% of fair market value, up to any applicable statutory limit		
	Federal: Refund 2017 Line from Schedule A/B: 28.2	\$2,847.00		\$2,847.00	11 U.S.C. § 522(d)(5)	
	Ellie IIolii ooliloodie 702. 2012			100% of fair market value, up to any applicable statutory limit		
	Pending disability claim. Current value unknown. Darren K Parr, Esq.	\$1.00		\$1.00	42 U.S.C. § 407	
	to be specially approved. 100% exempt. Line from Schedule A/B: 34.1			100% of fair market value, up to any applicable statutory limit		
3.	Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every 3	3 years after that for ca	ses fi			
	Yes. Did you acquire the property covered No	ed by the exemption wit	thin 1	,215 days before you filed this case	?	
	☐ Yes					

Fill in thi	s information to identify you	ur case:				
Debtor 1	Gerald W. Goto					
Debtor 2	First Name	Middle Name	Last Name			
(Spouse if, fi	iling) First Name	Middle Name	Last Name			
United St	ates Bankruptcy Court for the	: WESTERN DISTRICT O	F PENNSYLVANIA	A		
Case nun	nher					
(if known)					_	c if this is an ded filing
Official	Form 106D				,	
-		s Who Have Clair	ms Secure	d by Property	У	12/15
	copy the Additional Page, fill it	If two married people are filing out, number the entries, and at				
1. Do any c	reditors have claims secured b	y your property?				
□ No	o. Check this box and submit t	this form to the court with your	other schedules.	You have nothing else to	o report on this form.	
■ Ye	es. Fill in all of the information	below.				
Part 1:	List All Secured Claims					
		more than one secured claim, list			Column B	Column C
		s a particular claim, list the other c ical order according to the creditor		Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
$\overline{}$	nlar	Describe the property that se		\$124,688.00	\$123,000.00	\$1,688.00
Credi	itor's Name	740 S. Keelridge Road PA 16148 Mercer Cour				
		Debtor's residence pur				
		2013 As of the date you file, the cla	aim is: Check all that			
_	D. Box 77404 enton, NJ 08628	apply.				
	ber, Street, City, State & Zip Code	☐ Contingent ☐ Unliquidated				
	boll, chool, chy, chalc a z.p coac	☐ Disputed				
Who owe	s the debt? Check one.	Nature of lien. Check all that	apply.			
Debtor	1 only	An agreement you made (su	uch as mortgage or se	ecured		
☐ Debtor	2 only	car loan)				
Debtor	1 and Debtor 2 only	Statutory lien (such as tax li				
	t one of the debtors and another	☐ Judgment lien from a lawsui				
	if this claim relates to a nunity debt	☐ Other (including a right to of	fset)			
Date debt	was incurred 2014	Last 4 digits of accour	nt number <u>7888</u>			
Add the	dollar value of your entries in C	Column A on this page. Write that	at number here:	\$124,68	8.00	
If this is		the dollar value totals from all		\$124,68		
Part 2:	List Others to Be Notified fo	or a Debt That You Already I	Listed			
trying to c	collect from you for a debt you o	be notified about your bankrupto be notified about your bankrupto be notified about 1, list the adout to you listed in Part 1, list the adout	editor in Part 1, and	then list the collection ag	ency here. Similarly, if	you have more
	,	. v				
	me, Number, Street, City, State & keview Loan Servicing L		On wh	nich line in Part 1 did you er	nter the creditor? 2.1	
	7 Prudential Rd. orsham, PA 19044		Last 4	digits of account number _	_	

Official Form 106D

Deptor	Til Geraid W. G	otcn		Case number (if know)
	First Name	Middle Name	Last Name	
П				
	Name, Number, Stree	et, City, State & Zip Code		On which line in Part 1 did you enter the creditor? 2.1
	McCabe, Weisb	erg, & Conway LLC		
	123 S. Broad St			Last 4 digits of account number 8706
	Ste. 1400			<u> </u>
	Philadelphia, PA	A 19109		

						_	
Fill in this information	to identify your ca	se:					
Debtor 1 Ge	erald W. Gotch						
	t Name	Middle Name	Last Nam	ne			
Debtor 2							
(Spouse if, filing) Firs	t Name	Middle Name	Last Nam	ne			
United States Bankrupt	tcy Court for the:	WESTERN DISTRICT C	F PENNSYLV <i>A</i>	ANIA			
Case number							
(if known)							Check if this is an
							amended filing
OW: : E	0E/E						
Official Form 10							
Schedule E/F:	<u>Creditors Wh</u>	o Have Unsecu	<u>ıred Claim</u>	S			12/15
eft. Attach the Continuati name and case number (i	ion Page to this page. f known).	If you have no informatio					ntries in the boxes on the litional pages, write your
Part 1: List All of Y	our PRIORITY Unse	ecured Claims					
1. Do any creditors hav	e priority unsecured o	claims against you?					
☐ No. Go to Part 2.							
Yes.							
identify what type of cl possible, list the claim	laim it is. If a claim has t s in alphabetical order a	If a creditor has more than oboth priority and nonpriority according to the creditor's noular claim, list the other cre	amounts, list that ame. If you have r	claim here a	nd show both priority	and nonpriority	amounts. As much as
(For an explanation of	each type of claim, see	the instructions for this for	m in the instruction	n booklet.)			
					Total claim	Priority amount	Nonpriority amount
2.1 Hermitage c	o Berkheimer	Last 4 digits of	account number	r	\$255.00		\$0.00 \$255.00
Priority Creditor's						<u> </u>	
Mercer Offic		When was the	debt incurred?	2016		_	
•	lunicipal Building	l					
Hermitage, F	ermitage Road						
	ity State Zlp Code	As of the date	you file, the claim	n is: Check a	all that apply		
Who incurred the d	ebt? Check one.	☐ Contingent					
■ Debtor 1 only		☐ Unliquidated					
Debtor 2 only		☐ Disputed					
Debtor 1 and Del	otor 2 only	•	ITY unsecured cl	aim:			
	e debtors and another	☐ Domestic su	pport obligations				
	im is for a community	v deht Taxes and c	ertain other debts	VOU OWE the	government		
Is the claim subject	•				ou were intoxicated		
No	••••						
		Other. Speci	fu				

Deb	otor 1 Gerald W. Gotch		Case nu	mber (if know)		
2.2	PA Dept. of Revenue	Last 4 digits of account number	r	\$83.00	\$83.00	\$0.00
	Priority Creditor's Name Bankruptcy Division Dept. 280946	When was the debt incurred?	2016			
	Harrisburg, PA 17128-0946					
	Number Street City State Zlp Code	As of the date you file, the clain	n is: Check all t	hat apply		
	Who incurred the debt? Check one.	☐ Contingent				
	■ Debtor 1 only	☐ Unliquidated				
	☐ Debtor 2 only	☐ Disputed				
	☐ Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured cl	aim:			
	☐ At least one of the debtors and another	☐ Domestic support obligations				
	☐ Check if this claim is for a community debt	Taxes and certain other debts	you owe the go	vernment		
	Is the claim subject to offset?	☐ Claims for death or personal in	njury while you v	were intoxicated		
	■ No	☐ Other. Specify				
	Yes	income ta	X			
2.3		Last 4 digits of account number	r	\$959.00	\$959.00	\$0.00
	Priority Creditor's Name Bankruptcy Division Dept. 280946 Harrisburg, PA 17128-0946	When was the debt incurred?	2017			
	Number Street City State Zlp Code	As of the date you file, the clain	n is: Check all t	hat apply		
	Who incurred the debt? Check one.	☐ Contingent				
	Debtor 1 only	☐ Unliquidated				
	☐ Debtor 2 only	☐ Disputed				
	☐ Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured cl	aim:			
	☐ At least one of the debtors and another	☐ Domestic support obligations				
	☐ Check if this claim is for a community debt	■ Taxes and certain other debts	you owe the go	vernment		
	Is the claim subject to offset?	☐ Claims for death or personal in	njury while you v	were intoxicated		
	■ No	Other. Specify				
	Yes	Income ta	X			
Par	t 2: List All of Your NONPRIORITY Unsecu	ured Claims				
3.	Do any creditors have nonpriority unsecured claim	ns against you?				
	$\hfill\square$ No. You have nothing to report in this part. Submit	this form to the court with your other	schedules.			
	■ Yes.					
	List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each c than one creditor holds a particular claim, list the other Part 2	laim. For each claim listed, identify w	hat type of clair	m it is. Do not list claims a	already included in Par	t 1. If more

Total claim

1 Gerald W. Gotch		Case number (if know)				
Capital One Bank	Last 4 digits of account number	xxxx	\$1,101.00			
Nonpriority Creditor's Name P.O. Box 5155	When was the debt incurred?	2017				
Norcross, GA 30091 Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply				
Who incurred the debt? Check one.	,	Grissic all that apply				
■ Debtor 1 only	☐ Contingent					
Debtor 2 only	☐ Unliquidated					
Debtor 1 and Debtor 2 only	☐ Disputed					
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:				
☐ Check if this claim is for a community	☐ Student loans					
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not				
■ No	Debts to pension or profit-sharir	ng plans, and other similar debts				
□ Yes	Other. Specify Credit card	• • • • • • • • • • • • • • • • • • • •				
Credit Management Company	Last 4 digits of account number	7076	\$52.00			
Nonpriority Creditor's Name P.O. Box 16346 Pittsburgh PA 15342-0346	When was the debt incurred?	2016				
Pittsburgh, PA 15242-0346 Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply				
Who incurred the debt? Check one.	7.0 or and date you me, and claim	io. Official that apply				
■ Debtor 1 only	☐ Contingent					
Debtor 2 only	☐ Unliquidated					
☐ Debtor 1 and Debtor 2 only	☐ Disputed					
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:				
☐ Check if this claim is for a community	☐ Student loans					
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not				
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts					
Yes	Other. Specify Collection Network					
Kay Jewelers/DNF Associates LLC	Last 4 digits of account number	6473	\$699.00			
Nonpriority Creditor's Name 375 Ghent Road	When was the debt incurred?	2015				
Akron, OH 44333						
Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply				
Who incurred the debt? Check one.	_					
■ Debtor 1 only	☐ Contingent					
Debtor 2 only	☐ Unliquidated					
☐ Debtor 1 and Debtor 2 only	Disputed					
lacksquare At least one of the debtors and another	d claim:					
☐ Check if this claim is for a community	☐ Student loans					
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not				
■ No	\square Debts to pension or profit-sharing plans, and other similar debts					

Gerald W. Gotch		Case number (if know)				
Medical Data Systems Inc. Nonpriority Creditor's Name	Last 4 digits of account number	4425	\$187.00			
Nonpriority Creditor's Name 2120 15th Avenue Vero Beach, FL 32960	When was the debt incurred?	2016-17				
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply				
■ Debtor 1 only	☐ Contingent					
Debtor 2 only	☐ Unliquidated					
☐ Debtor 1 and Debtor 2 only	☐ Disputed					
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:				
☐ Check if this claim is for a community	☐ Student loans					
debt s the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not				
No	Debts to pension or profit-sharing	ng plans, and other similar debts				
☐ Yes	Other. Specify Health Sys	agent for Sharon Regional tem				
Medical Data Systems Inc.	Last 4 digits of account number	9845	\$92.00			
Nonpriority Creditor's Name 2120 15th Avenue	When was the debt incurred?	2017				
Vero Beach, FL 32960 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply				
Debtor 1 only	☐ Contingent					
Debtor 2 only	☐ Unliquidated					
Debtor 1 and Debtor 2 only	☐ Disputed					
At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:				
☐ Check if this claim is for a community	☐ Student loans					
s the claim subject to offset?	Obligations arising out of a separe report as priority claims	aration agreement or divorce that you did not				
No	☐ Debts to pension or profit-sharing					
□Yes	Other. Specify Collection Health Sys					
Midland Funding LLC	Last 4 digits of account number	6818	\$2,419.00			
Nonpriority Creditor's Name 2365 Northside Drive Suite 300	When was the debt incurred?	2015-16				
San Diego, CA 92108						
Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply				
Who incurred the debt? Check one.	_					
Debtor 1 only	☐ Contingent					
Debtor 2 only	☐ Unliquidated					
Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecure	d claim:				
At least one of the debtors and another	Student loans	- Julii				
☐ Check if this claim is for a community debt Is the claim subject to offset?		aration agreement or divorce that you did not				
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts				
□ Yes	Other Specific Collection	agent for Synchrony Bank				

Debtor	Gerald W. Gotch	Case number (if know)						
4.7	Portfolio Recovery Associates	Last 4 digits of account number	5637	\$1,113.00				
	Nonpriority Creditor's Name 120 Corporate Blvd. Suite 100	When was the debt incurred?	2016-17					
	Norfolk, VA 23502 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	As of the date you file, the claim is: Check all that apply					
	■ Debtor 1 only	☐ Contingent						
	☐ Debtor 2 only	☐ Unliquidated						
	☐ Debtor 1 and Debtor 2 only	☐ Disputed						
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:					
	☐ Check if this claim is for a community	☐ Student loans						
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not					
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts					
	Yes	Other. Specify Collection	agent for Comenity Bank					
4.8	Portfolio Recovery Associates Nonpriority Creditor's Name	Last 4 digits of account number	0889	\$1,044.00				
	120 Corporate Blvd. Suite 100	When was the debt incurred?	2015-16					
	Norfolk, VA 23502 Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply					
	Who incurred the debt? Check one.	,						
	■ Debtor 1 only	☐ Contingent						
	Debtor 2 only	☐ Unliquidated						
	☐ Debtor 1 and Debtor 2 only	☐ Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:					
	☐ Check if this claim is for a community	☐ Student loans						
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not					
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts					
	Yes	■ Other. Specify Collection agent for Synchrony Bank						
4.9	Portfolio Recovery Associates Nonpriority Creditor's Name	Last 4 digits of account number	3532	\$561.00				
	120 Corporate Blvd. Suite 100	When was the debt incurred?	2016					
	Norfolk, VA 23502 Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply					
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply						
	■ Debtor 1 only	☐ Contingent						
	☐ Debtor 2 only	☐ Unliquidated	-					
	☐ Debtor 1 and Debtor 2 only	□ Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:					
	☐ Check if this claim is for a community	☐ Student loans						
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not					
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts					
	Yes	Other. Specify Collection	agent for Citibank NA					

Debtor	Gerald W. Gotch	Case number (if know)				
4.1 0	Synchrony Bank/JC Penney	Last 4 digits of account number	0889	\$1,043.00		
	Nonpriority Creditor's Name P.O. Box 965007 Orlando, FL 32896	When was the debt incurred?	2010-15			
•	Number Street City State Zlp Code	As of the date you file, the claim is	s: Check all that apply			
	Who incurred the debt? Check one.					
	■ Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	lacksquare At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not			
	No	Debts to pension or profit-sharing	g plans, and other similar debts			
	Yes	Other. Specify Credit card	purchases			
4.1	TD Bank/Target	Last 4 digits of account number	9437	\$355.00		
	Nonpriority Creditor's Name P.O. Box 673	When was the debt incurred?	2012-15			
	Minneapolis, MN 55440 Number Street City State Zlp Code	As of the date you file, the claim is				
	Who incurred the debt? Check one.	•	,			
	■ Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not			
	No	Debts to pension or profit-sharing	g plans, and other similar debts			
	Yes	Other. Specify Credit card				
4.1	Wakefield & Associates	Last 4 digits of account number	4271	\$27.00		
	Nonpriority Creditor's Name 7005 Middlebrook Pike	When was the debt incurred?	2014-16			
	Knoxville, TN 37909 Number Street City State Zlp Code	As of the date you file, the claim is	s: Check all that apply			
	Who incurred the debt? Check one.	_	or or one an inat appri			
	Debtor 1 only	☐ Contingent☐ Unliquidated				
	Debtor 2 only					
	Debtor 1 and Debtor 2 only	Disputed				
	At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:			
	☐ Check if this claim is for a community debt	Student loans				
	ls the claim subject to offset?	□ Obligations arising out of a separe report as priority claims	ration agreement or divorce that you did not			
	■ No	☐ Debts to pension or profit-sharing	g plans, and other similar debts			
	□Yes	agent for Penn Ohio Associates siology				

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

On which entry in Part 1 or Part 2 did you list the original creditor?

One Righter Parkway Suite 100 Wilmington, DE 19803 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Penn-Ohio Associates in Anesthesiology 740 E. State St. Sharon, PA 16146 Name and Address Primary Health Network 63 Pitt St. Sharon, PA 16146 Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Part 2: Creditors with Nonpriority Unsecured Claims On which entry in Part 1 or Part 2 did you list the original creditor? Part 2: Creditors with Nonpriority Unsecured Claims On which entry in Part 1 or Part 2 did you list the original creditor? Part 2: Creditors with Nonpriority Unsecured Claims Sharon, PA 16146 Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number Name and Address Sharon Regional 740 E. State St. Sharon Regional Health System 740 E. State St. Sharon Regional Health System 740 E. State St. Sharon, PA 16146 Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 di	Debtor 1 Gerald W. Gotch		Case number (if know)
Name and Address Comenity Bank One Righter Parkway Suite 100 Willmington, DE 19803 Last 4 digits of account number Name and Address Penn-Ohio Associates in Anesthesiology 740 E. State 5t. Sharon, PA 16146 Name and Address Sharon Regional 740 E. State St. Sharon, PA 16146 Name and Address Pon-Will Sharon Sharon Regional 740 E. State St. Sharon, PA 16146 Name and Address Pon-Ohio Associates in Anesthesiology 740 E. State St. Sharon, PA 16146 Name and Address Primary Health Network Sharon Regional 740 E. State St. Sharon, PA 16146 Name and Address Sharon Regional 740 E. State St. Sharon, PA 16146 Name and Address Sharon Regional 740 E. State St. Sharon Regional Health System Sharon Regional Regional Regional Region Regional Region Regional Region Reg	Bankruptcy Dept. P.O. Box 6034	Line 4.9 of (Check one):	
Comenity Bank One Righter Parkway Suite 100 Willmington, DE 19803 Last 4 digits of account number Name and Address Penn-Ohio Associates In Anesthesiology 740 E. State St. Sharon, PA 16146 Name and Address Sharon, PA 16146 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.2 of (Check one): Part 1: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 3: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 3: Creditors with Nonpriority Unsecured Claims Part 3: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 3: Creditors with Nonpriority Unsecured Claims Part 4: Greditors with Nonpriority Unsecured Claims Part 5: Creditors with Nonpriority Unsecured Claims Part 7: Creditors with Nonprio	Sioux Falls, SD 57117	Last 4 digits of account number	
Suite 100 Wilmington, DE 19803 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.12 of (Check one): In Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Answer and Address Phan 16146 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.2 of (Check one): Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 3: Creditors with Nonpriority Unsecured Claims Part 3: Creditors with Nonpriority Unsecured Claims Part 3: Creditors with Nonpriority Unsecured Claims Part 4.2 of (Check one): Part 3: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number Name and Address Sharon Regional 740 E. State St. Sharon, PA 16146 Name and Address Sharon Regional Health System 740 E. State St. Sharon Regional Health Sys	Comenity Bank	· · · · · · · · · · · · · · · · · · ·	☐ Part 1: Creditors with Priority Unsecured Claims
Name and Address Penn-Ohio Associates in Anesthesiology 740 E. State St. Sharon, PA 16146 Name and Address Primary Health Network 63 Pitt St. Sharon, PA 16146 Name and Address Name and Address Name and Address Sharon, PA 16146 Name and Address Name and Address Name and Address Sharon, PA 16146 Name and Address Name and Address Sharon, PA 16146 Name and Address Name and Address Sharon, PA 16146 Name and Address Name and Address Sharon, PA 16146 Name and Address Sharon, PA 16146 Name and Address Sharon Regional 740 E. State St. Sharon Regional Health System 740 E. State St. Sharon, PA 16146 Name and Address Sharon Regional Health System 740 E. State St. Sharon, PA 16146 Name and Address Sharon Regional Health System 740 E. State St. Sharon, PA 16146 Name and Address Sharon Regional Health System 740 E. State St. Sharon, PA 16146 Name and Address Sharon Regional Health System 740 E. State St. Sharon, PA 16146 Name and Address Sharon Regional Health System 740 E. State St. Sharon, PA 16146 Name and Address Sharon Regional Health System 740 E. State St. Sharon Regional Health System 740 E. State St. Sharon, PA 16146 Name and Address Sharon Regional Health System 740 E. State St. Sharon Regional Health System 740 E. State St. Sharon Regional Health System Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.6 of (Check one): Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Un	Suite 100		■ Part 2: Creditors with Nonpriority Unsecured Claims
Penn-Ohio Associates in Anesthesiology 740 E. State St. Sharon, PA 16146 Name and Address Primary Health Network 63 Pitt St. Sharon, PA 16146 Name and Address Primary Health Network 63 Pitt St. Sharon, PA 16146 Name and Address Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number Name and Address Synchrony Bank 4500 Munson St. NW Canton, OH 44718 Name and Address Synchrony Bank Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number Name and Address Synchrony Bank Po. Box 965007 Or which entry in Part 1 or Part 2 did you list the original creditor? Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured		-	
in Anesthesiology 740 E. State St. Sharon, PA 16146 Name and Address Part 2: Creditors with Nonpriority Unsecured Claims Name and Address Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Last 4 digits of account number Name and Address Sharon Regional 740 E. State St. Sharon, PA 16146 Name and Address Sharon Regional Health System 740 E. State St. Sharon, PA 16146 Name and Address Synchrony Bank 4500 Munson St. NW Canton, OH 44718 Name and Address Synchrony Bank P.O. Box 965007 Orlando, FL 32896 Part 2: Creditors with Nonpriority Unsecured Claims On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.6 of (Check one): Part 1: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Last 4 digits of account number		•	<u>, </u>
Name and Address Primary Health Network 63 Pitt St. Sharon, PA 16146 Name and Address Sharon Regional Health System 740 E. State St. Sharon, PA 16146 Name and Address Sharon Regional Health System 740 E. State St. Sharon PA 16146 Name and Address Synchrony Bank 4500 Munson St. NW Canton, OH 44718 On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.6 of (Check one): Part 1: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Last 4 digits of account number Name and Address Synchrony Bank P.O. Box 965007 Orlando, FL 32896	in Anesthesiology 740 E. State St.	<u> </u>	•
Primary Health Network 63 Pitt St. Sharon, PA 16146 Line 4.2 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Name and Address Sharon Regional 740 E. State St. Sharon Regional Health System 740 E. State St. Sharon, PA 16146 On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.4 of (Check one): Part 1: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Can which entry in Part 1 or Part 2 did you list the original creditor? Line 4.4 of (Check one): Part 1: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Can which entry in Part 1 or Part 2 did you list the original creditor? Line 4.6 of (Check one): Part 1: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number Name and Address Synchrony Bank 4500 Munson St. NW Canton, OH 44718 Name and Address Synchrony Bank P.O. Box 965007 Orlando, FL 32896 Last 4 digits of account number Last 4 digits of account number	Snaron, PA 16146	Last 4 digits of account number	
As Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number Name and Address Sharon Regional 740 E. State St. Sharon, PA 16146 Name and Address Sharon Regional Health System 740 E. State St. Sharon Regional Health System 740 E. State St. Sharon, PA 16146 Name and Address Sharon, PA 16146 On which entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.4 of (Check one): Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims On which entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number Name and Address Synchrony Bank 4500 Munson St. NW Canton, OH 44718 Name and Address Synchrony Bank Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number Name and Address Synchrony Bank P.O. Box 965007 Orlando, FL 32896 Last 4 digits of account number		•	<u>, </u>
Name and Address Sharon Regional 740 E. State St. Sharon Regional Health System Name and Address Sharon Regional Health System 740 E. State St. Sharon Regional Health System Name and Address Sharon Regional Health System 740 E. State St. Sharon, PA 16146 Name and Address Synchron Bank 4500 Munson St. NW Canton, OH 44718 Name and Address Synchrony Bank 4500 Munson St. NW Canton, OH 44718 Name and Address Synchrony Bank Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.6 of (Check one): Part 1: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number Name and Address Synchrony Bank P.O. Box 965007 Orlando, FL 32896 Last 4 digits of account number Last 4 digits of account number	63 Pitt St.		
Sharon Regional 740 E. State St. Sharon, PA 16146 Name and Address Synchrony Bank 4500 Munson St. NW Canton, OH 44718 Name and Address Synchrony Bank Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number Name and Address Synchrony Bank P.O. Box 965007 Orlando, FL 32896 Last 4 digits of account number	Sharon, PA 16146	Last 4 digits of account number	
740 E. State St. Sharon, PA 16146 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.4 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number Name and Address Synchrony Bank 4500 Munson St. NW Canton, OH 44718 On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.6 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Synchrony Bank Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Synchrony Bank P.O. Box 965007 Orlando, FL 32896 Last 4 digits of account number	Name and Address	On which entry in Part 1 or Part 2	2 did you list the original creditor?
Sharon, PA 16146 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.4 of (Check one): Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.6 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number	•	Line 4.5 of (Check one):	
Name and Address Sharon Regional Health System 740 E. State St. Sharon, PA 16146 Name and Address Synchrony Bank 4500 Munson St. NW Canton, OH 44718 Name and Address Synchrony Bank Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number			■ Part 2: Creditors with Nonpriority Unsecured Claims
Sharon Regional Health System 740 E. State St. Sharon, PA 16146 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.6 of (Check one): Part 2: Creditors with Nonpriority Unsecured Claims On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.6 of (Check one): Part 1: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Synchrony Bank P.O. Box 965007 Orlando, FL 32896 Last 4 digits of account number Last 4 digits of account number		Last 4 digits of account number	
TAU E. State St. Sharon, PA 16146 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Synchrony Bank 4500 Munson St. NW Canton, OH 44718 Name and Address Synchrony Bank Last 4 digits of account number Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.8 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims			· _
Sharon, PA 16146 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Synchrony Bank 4500 Munson St. NW Canton, OH 44718 Name and Address Synchrony Bank Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Part 2: Creditors with Priority Unsecured Claims Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.8 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number		Line 4.4 of (Check one):	·
Name and Address Synchrony Bank 4500 Munson St. NW Canton, OH 44718 Name and Address Synchrony Bank 4500 Munson St. NW Canton, OH 44718 Name and Address Synchrony Bank Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Synchrony Bank P.O. Box 965007 Orlando, FL 32896 Last 4 digits of account number Last 4 digits of account number			■ Part 2: Creditors with Nonpriority Unsecured Claims
Synchrony Bank 4500 Munson St. NW Canton, OH 44718 Last 4 digits of account number Name and Address Synchrony Bank P.O. Box 965007 Orlando, FL 32896 Line 4.6 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims		Last 4 digits of account number	
A500 Munson St. NW Canton, OH 44718 Last 4 digits of account number Name and Address Synchrony Bank P.O. Box 965007 Orlando, FL 32896 Part 2: Creditors with Nonpriority Unsecured Claims Part 2 did you list the original creditor? Line 4.8 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims		•	, _
Last 4 digits of account number Name and Address Synchrony Bank P.O. Box 965007 Orlando, FL 32896 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.8 of (Check one): □ Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number	4500 Munson St. NW	Line <u>110</u> or (oncorrono).	·
Synchrony Bank P.O. Box 965007 Orlando, FL 32896 Line 4.8 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number	Canton, OH 44718	Last 4 digits of account number	, ,
P.O. Box 965007 Orlando, FL 32896 Last 4 digits of account number		•	, _
Orlando, FL 32896 Last 4 digits of account number	P.O. Box 965007	Line it of Officer offe).	•
	Orlando, FL 32896	Last 4 digits of account number	, at 2. sounds that its priority chooses starte
Part 4: Add the Amounts for Each Type of Unsecured Claim		signs of account number	
	Part 4: Add the Amounts for Each Type	e of Unsecured Claim	

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 1,297.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 1,297.00
				Total Claim
	6f.	Student loans	6f.	\$ 0.00
Total claims from Part 2	6g.	Obligations arising out of a separation agreement or divorce that	6g.	\$

Debtor 1 Gerald W. Gotch

Case number (if know)

- you did not report as priority claims
- 6h. Debts to pension or profit-sharing plans, and other similar debts
- 6i. **Other.** Add all other nonpriority unsecured claims. Write that amount here.
- 6j. Total Nonpriority. Add lines 6f through 6i.

	0.00
6h.	\$ 0.00
6i.	\$ 8,693.00

6j. **\$ 8,693.00**

Fill in this information to identify your case:						
Debtor 1	Gerald W. Gotch					
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Bankruptcy Court for the:		WESTERN DISTRICT (OF PENNSYLVANIA			
Case number					_	eck if this is an
					ame	ended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company wit	h whom you have the er, Street, City, State and ZIP C	contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			
	City		State	ZIP Code	_
2.2					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.3					
	Name				_
	Number	Street			
	City		State	ZIP Code	_
2.4	•				
	Name				
	Number	Street			_
	City		State	ZIP Code	
2.5			·		
	Name				_
	Number	Street			
	City		State	ZIP Code	_
	,		0.		

Fill in this info	ormation to identify your o	case:			
Debtor 1	Gerald W. Gotch				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States	Bankruptcy Court for the:	WESTERN DISTRICT (OF PENNSYLVANIA		
Case number					
(if known)				☐ Check if this is an	
				amended filing	
Official E	orm 106H				
		-1-4			
<u>Scneaui</u>	e H: Your Code	eptors		12	/15
■ No □ Yes 2. Within	the last 8 years, have vou	lived in a community pr	operty state or territor	y? (Community property states and territories include	
Arizona, C	alifornia, Idaho, Louisiana,				
■ No. Go			o with you at the time?		
☐ Yes. Di	d your spouse, former spou	se, or legal equivalent live	e with you at the time?		
in line 2 a Form 106 out Colun	gain as a codebtor only if D), Schedule E/F (Official nn 2.	that person is a guaran	tor or cosigner. Make	if your spouse is filing with you. List the person s sure you have listed the creditor on Schedule D (O 6G). Use Schedule D, Schedule E/F, or Schedule G	officia S to fi
	umn 1: Your codebtor , Number, Street, City, State and ZIF	² Code		Column 2: The creditor to whom you owe the concept all schedules that apply:	debt
3.1				□ Schodulo D. lino	
Name	9				
				☐ Schedule G, line	
Numl	per Street				
City	dei Stieet	State	ZIP Code		
3.2 Name	9			Schedule D, line	
Halli	-			☐ Schedule E/F, line	
Numl City	ber Street	State	ZIP Code		
City		J.410	211 0000		

						_					
Fill	in this information to identify your c	ase:									
De	btor 1 Gerald W. G	otch			_						
1	btor 2 puse, if filing)				_						
Un	ited States Bankruptcy Court for the	: WESTERN DISTRICT	Γ OF PENNSYLVANI	Α	_						
(If k	fficial Form 106I		-			☐ Ar ☐ A 13		ed filing ent show as of the	ving postpe e following o		chapter
S	chedule I: Your Inc	ome									12/15
spo atta Pa	plying correct information. If you use. If you are separated and you ch a separate sheet to this form. The describe Employment	ır spouse is not filing w	ith you, do not inclu	ıde inforr	nati	on about	your sp	ouse. If	more spac	e is n	eeded,
1.	Fill in your employment information.		Debtor 1				Debtor 2	2 or non	-filing spo	use	
	If you have more than one job, attach a separate page with information about additional	Employment status	☐ Employed ■ Not employed				☐ Empl	•	i		
	employers. Include part-time, seasonal, or self-employed work.	Occupation Employer's name									
	Occupation may include student or homemaker, if it applies.	Employer's address									
		How long employed t	here?								
Pa	rt 2: Give Details About Mor	nthly Income									
	imate monthly income as of the duse unless you are separated.	ate you file this form. If	you have nothing to r	eport for	any	line, write	\$0 in the	space.	Include you	ır non·	-filing
-	ou or your non-filing spouse have mee space, attach a separate sheet to		ombine the informatio	on for all e	emple	oyers for t	that perso	on on the	ines belo	w. If y	ou need
						For Deb	tor 1		Debtor 2 or filing spou		
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$		0.00	\$		N/A	
3.	Estimate and list monthly overt	ime pay.		3.	+\$		0.00	+\$_	1	N/A	
4	Calculate gross Income Add li	na 2 ± lina 3		1	2		0.00	\$	NI/	^	

Case number (if known)

					For Debtor 1		For Debtor 2				
	Copy	Copy line 4 here				-	0.00	\$	N/A		
								. –		14,71	
5.	List	all payroll deductions:									
	5a.	Tax, Medicare, and Social Security deductions	5a.		\$	(0.00	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b.		\$	(0.00	\$		N/A	
	5c.	Voluntary contributions for retirement plans	5c.		\$	(0.00	\$		N/A	
	5d.	Required repayments of retirement fund loans	5d.		\$	(0.00	\$		N/A	
	5e.	Insurance	5e.		\$	(0.00	\$		N/A	
	5f.	Domestic support obligations	5f.		\$	(0.00	\$		N/A	
	5g.	Union dues	5g.		\$	(0.00	\$_		N/A	
	5h.	Other deductions. Specify:	5h.	.+	\$	(0.00	+ \$_		N/A	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$	(0.00	\$_		N/A	
7.	Calc	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	(0.00	\$		N/A	
8.	List a 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.		\$	(0.00	\$		N/A	
	8b.	Interest and dividends	8b.		\$		0.00	\$		N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.			\$			* \$		N/A	
	04				\$ 		0.00	· · —			
	8d. 8e.	Unemployment compensation Social Security	8d. 8e.		\$ 		0.00	\$_ \$		N/A N/A	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.		\$	(0.00	\$_ \$_		N/A	
	8g.	Pension or retirement income	8g.		\$		0.00			N/A	
	8h.	Other monthly income. Specify:	8h.	.+	\$0		0.00	+ \$_	SN/A		
9.	Add	Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.		3	\$		0.00		N/A		
10.		Calculate monthly income. Add line 7 + line 9. 10. \$ 0.00 + \$ N/A add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.							N/A	= \$	0.00
11.	I. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$										0.00
12.		the amount in the last column of line 10 to the amount in line 11. The reset hat amount on the Summary of Schedules and Statistical Summary of Certaes							12.	\$	0.00
13.	_ `	ou expect an increase or decrease within the year after you file this form	1?							Combined monthly i	
		No. Yes. Explain: Disability claim pending. Debtor's girlfriend to r	nake	ΡI	an pa	yments	in th	ne me	an time	Э.	

Official Form 106I Schedule I: Your Income page 2

Fill	in this information to identify your case:				
Deb	otor 1 Gerald W. Gotch		Chec	k if this is:	
Dok	otor 2		_	An amended filing	in a manta atiti an abantan
	ouse, if filing)			A supplement snow 13 expenses as of t	ving postpetition chapter the following date:
Uni	ted States Bankruptcy Court for the: WESTERN DISTRICT OF PENNSYL	VANIA		MM / DD / YYYY	
Cas	se number				
(If k	nown)				
0	fficial Form 106J				
S	chedule J: Your Expenses				12/15
inf	as complete and accurate as possible. If two married people are fil ormation. If more space is needed, attach another sheet to this forr mber (if known). Answer every question.				
Pai	t 1: Describe Your Household Is this a joint case?				
	■ No. Go to line 2. □ Yes. Does Debtor 2 live in a separate household?				
	. □ No □ Yes. Debtor 2 must file Official Form 106J-2, <i>Expenses for</i>	Separate Househo	old of Debt	or 2.	
2.	Do you have dependents? ■ No				
		Dependent's relation Debtor 1 or Debtor 2	ship to	Dependent's age	Does dependent live with you?
	Do not state the				□ No
	dependents names.				☐ Yes ☐ No
	_				☐ Yes
					□ No
	_				☐ Yes ☐ No
					☐ Yes
3.	Do your expenses include ■ No				
	expenses of people other than yourself and your dependents?				
Est	t 2: Estimate Your Ongoing Monthly Expenses imate your expenses as of your bankruptcy filing date unless you benses as of a date after the bankruptcy is filed. If this is a supplemblicable date.				
the	lude expenses paid for with non-cash government assistance if yo value of such assistance and have included it on Schedule I: Your			Your expe	ongge
(Of	ficial Form 106l.)			rour expe	HISES
4.	The rental or home ownership expenses for your residence. Inclupayments and any rent for the ground or lot.	ude first mortgage	4. \$		1,019.77
	If not included in line 4:				
	4a. Real estate taxes		4a. \$		0.00
	4b. Property, homeowner's, or renter's insurance		4b. \$		0.00
	4c. Home maintenance, repair, and upkeep expenses4d. Homeowner's association or condominium dues		4c. \$ 4d. \$		100.00 0.00
5.	Additional mortgage payments for your residence, such as home	equity loans	4u. ֆ 5. \$		0.00

Debtor 1	Gerald V	V. Gotch	Case num	ber (if known)	
S. Util	ities:				
6a.		, heat, natural gas	6a.	\$	350.00
6b.		wer, garbage collection	6b.	· -	115.00
6c.		e, cell phone, Internet, satellite, and cable services	6c.	\$	400.00
6d.	Other. Sp		6d.	\$	0.00
		ekeeping supplies	7.	\$	365.00
		children's education costs	8.	\$	0.00
		Iry, and dry cleaning	9.	\$	
	-	products and services	10.	·	
		ntal expenses	10.	·	
		Include gas, maintenance, bus or train fare.		Ψ	50.00
		ar payments.	12.	\$	430.00
		clubs, recreation, newspapers, magazines, and books	13.	\$	100.00
		tributions and religious donations	14.	\$	
	urance.	inbutions and rengious donations	17.	Ψ	0.00
		nsurance deducted from your pay or included in lines 4 or 20.			
	. Life insura		15a.	\$	0.00
	. Health ins		15b.	·	
	. Vehicle in		15c.	\$	
		urance. Specify:	15d.	·	
		nclude taxes deducted from your pay or included in lines 4 or 20.	13u.	Ψ	0.00
	ecify:	icidde taxes deducted from your pay or included in lines 4 or 20.	16.	\$	0.00
		ease payments:		Ψ	0.00
		ents for Vehicle 1	17a.	\$	0.00
		ents for Vehicle 2	17b.	\$	
	. Other. Sp		17c.	· · · · · · · · · · · · · · · · · · ·	
	l. Other. Sp	·	17c. 17d.	*	
		ecry. s of alimony, maintenance, and support that you did not report a		Φ	0.00
		your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I		\$	0.00
		s you make to support others who do not live with you.	<i>)</i> -	· ·	0.00
	ecify:	- ,	19.	·	0.00
		erty expenses not included in lines 4 or 5 of this form or on Sc		our Income	
		s on other property	20a.		0.00
	. Real estat	• • •	20b.	·	
		homeowner's, or renter's insurance	20c.	·	
		nce, repair, and upkeep expenses	20d.	·	
		ner's association or condominium dues	20a. 20e.	·	
				· -	
. Oth	er: Specify:	Reserve for emergencies	21.	+\$	100.00
2. Cal	culate your	monthly expenses			
	. Add lines 4	•		\$	3.211.77
22b	. Copy line 2	2 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	2	\$ 85.00 \$ 35.00 \$ 35.00 \$ 430.00 \$ 100.00 \$ 0.00 \$ 0.00	
		a and 22b. The result is your monthly expenses.		I .	2 244 77
220	. Aud IIIIE ZZ	a and 220. The result is your monthly expenses.		Ψ	3,211.//
3. Cal	culate your	monthly net income.			
23a	. Copy line	12 (your combined monthly income) from Schedule I.	23a.	\$	0.00
23b	. Copy you	r monthly expenses from line 22c above.	23b.	-\$	
					,
23c		our monthly expenses from your monthly income.			2 244 77
		t is your monthly net income.	23c.	\$	-3,211.77
For	example, do yo	an increase or decrease in your expenses within the year after ou expect to finish paying for your car loan within the year or do you expect you terms of your mortgage?			or decrease because of a
1	No.				
	Yes.	Explain here:			

Fill in this	information to identify your	case:									
Debtor 1	Gerald W. Gotch										
	First Name	Middle Name	Last Name								
Debtor 2											
(Spouse if, filir	ng) First Name	Middle Name	Last Name								
United Sta	tes Bankruptcy Court for the:	WESTERN DISTRICT (OF PENNSYLVANIA								
Case numb	ber										
(if known)					☐ Check if this is an						
					amended filing						
If two marr	reation About a ried people are filing together rile this form whenever you f	r, both are equally respo	nsible for supplying correc	et information.	12/15						
	noney or property by fraud i oth. 18 U.S.C. §§ 152, 1341, 2 Sign Below		kruptcy case can result in f	ines up to \$250,000, or in	nprisonment for up to 20						
Did y	Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?										
I	No										
	Yes. Name of person		Bankruptcy Petition Preparer's Notice, ation, and Signature (Official Form 119)								
Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. X /s/ Gerald W. Gotch Gerald W. Gotch Signature of Debtor 2											
_	ignature of Debtor 1		Date								
D	ate May 3, 2018		Date								

Fill	l in this inforr	nation to identify you	r case:							
De	btor 1	Gerald W. Gotch	n							
Da	htor O	First Name	Middle Name	Last Name						
1	btor 2 ouse if, filing)	First Name	Middle Name	Last Name						
Un	ited States Ba	nkruptcy Court for the:	WESTERN DISTRICT OF	PENNSYLVANIA						
Ca	se number									
(if k	nown)				_	Check if this is an mended filing				
	fficial Fo									
St	atement	of Financial	Affairs for Individ	duals Filing for B	ankruptcy	4/16				
info	rmation. If m		, attach a separate sheet to		equally responsible for sup y additional pages, write you					
		,	arital Status and Where You	Lived Before						
1.	What is you	r current marital statu	us?							
	☐ Married ■ Not mai									
2.	During the last 3 years, have you lived anywhere other than where you live now?									
	■ No□ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.									
	Debtor 1 Pr	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ac	Idress:	Dates Debtor 2 lived there				
3.					ity property state or territory ico, Texas, Washington and W					
siai	es and territori	res include Anzona, Ca	illiornia, idano, Lodisiana, ive	vada, New Mexico, i deno in	ico, rexas, washington and w	viscorisiri.)				
	■ No	oka aura van fill aut Ca	badula II. Vaur Cadabtara (Ot	ficial Form 106LI)						
	☐ Yes. Ma	ake sure you iiii out 30	hedule H: Your Codebtors (Of	iliciai Foitii 100H).						
Pa	rt 2 Explai	in the Sources of You	ır Income							
4.	Fill in the tota	al amount of income yo	mployment or from operating ou received from all jobs and a have income that you receive	all businesses, including part		ndar years?				
	□ No									
	_	I in the details.								
			Dahira 4		Dalitan O					
			Debtor 1 Sources of income	Gross income	Debtor 2 Sources of income	Gross income				
			Check all that apply.	(before deductions and exclusions)	Check all that apply.	(before deductions and exclusions)				
		r year before that: ecember 31, 2016)	■ Wages, commissions, bonuses, tips	\$10,882.00	☐ Wages, commissions, bonuses, tips					
			☐ Operating a business		☐ Operating a business					

Official Form 107

List each source and the gross income from each source separately. Do not include income that you listed in line 4. No		Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filling a joint case and you have income that you received together, list it only once under Debtor 1.										
Pension premature distribution For the calendar year: (January 1 to December 31, 2017) For the calendar year before that: (January 1 to December 31, 2016) For the calendar year before that: (January 1 to December 31, 2016) For the calendar year before that: (January 1 to December 31, 2016) For the calendar year before that: (January 1 to December 31, 2016) For the calendar year before that: (January 1 to December 31, 2016) For the calendar year before that: (January 1 to December 31, 2016) For the calendar year before that: (January 1 to December 31, 2016) For the calendar year before that: (January 1 to December 31, 2016) For the calendar year before that: (January 1 to December 31, 2016) For the calendar year before that: (January 1 to December 31, 2016) For the calendar year before that: (January 1 to December 31, 2016) For the calendar year before that: (January 1 to December 31, 2016) For the calendar year: (January 1 to December 31, 2017) For the calendar year: (January 1 to December 31, 2017) For the calendar year: (January 1 to December 31, 2017) For the calendar year: (January 1 to December 31, 2017) For the calendar year: (January 1 to December 31, 2017) For the calendar year: (January 1 to December 31, 2017) For the calendar year: (January 1 to December 31, 2017) For the calendar year: (January 1 to December 31, 2017) For the calendar year: (January 1 to December 31, 2017) For the calendar year: (January 1 to December 31, 2017) For the calendar year: (January 1 to December 31, 2017) For the calendar year: (January 1 to December 31, 2017) For the calendar year: (January 1 to December 31, 2017) For the calendar year: (January 1 to December 31, 2017) For the calendar year: (January 1 to December 31, 2017) For the calendar year: (January 1 to December 31, 2017) For the calendar year: (January 1 to December 31, 2018) For the calendar year: (January 1 to December 31, 2018) For the calendar year: (January 1 to December 32, 693.00 For the calendar year: (January 1 to December		List each s	source and t	he gross inco	ome from ea	ach source separa	ately. Do n	ot include income	that you listed in lir	ie 4.		
Pension premature distribution For the calendar year: (January 1 to December 31, 2017) For the calendar year before that: (January 1 to December 31, 2016) For the calendar year before that: (January 1 to December 31, 2016) For the calendar year before that: (January 1 to December 31, 2016) For the calendar year before that: (January 1 to December 31, 2016) For the calendar year before that: (January 1 to December 31, 2016) For the calendar year before that: (January 1 to December 31, 2016) For the calendar year before that: (January 1 to December 31, 2016) For the calendar year before that: (January 1 to December 31, 2016) For the calendar year before that: (January 1 to December 31, 2016) For the calendar year before that: (January 1 to December 31, 2016) For the calendar year before that: (January 1 to December 31, 2016) For the calendar year before that: (January 1 to December 31, 2016) For the calendar year: (January 1 to December 31, 2017) For the calendar year: (January 1 to December 31, 2017) For the calendar year: (January 1 to December 31, 2017) For the calendar year: (January 1 to December 31, 2017) For the calendar year: (January 1 to December 31, 2017) For the calendar year: (January 1 to December 31, 2017) For the calendar year: (January 1 to December 31, 2017) For the calendar year: (January 1 to December 31, 2017) For the calendar year: (January 1 to December 31, 2017) For the calendar year: (January 1 to December 31, 2017) For the calendar year: (January 1 to December 31, 2017) For the calendar year: (January 1 to December 31, 2017) For the calendar year: (January 1 to December 31, 2017) For the calendar year: (January 1 to December 31, 2017) For the calendar year: (January 1 to December 31, 2017) For the calendar year: (January 1 to December 31, 2017) For the calendar year: (January 1 to December 31, 2018) For the calendar year: (January 1 to December 31, 2018) For the calendar year: (January 1 to December 32, 693.00 For the calendar year: (January 1 to December		□ No										
Sources of income Describe below. Gross income from each source (before deductions and exclusions) For last calendar year: (January 1 to December 31, 2017) For the calendar year before that: (January 1 to December 31, 2016) For the calendar year before that: (January 1 to December 31, 2016) Pension premature distributions Pension premature distribution Pension premature distributions Pension premature distribution Pension premature distribution Pension premature distributions Pension premature dis			Fill in the de	etails.								
Sources of income Describe below. Gross income from each source (before deductions and exclusions) For last calendar year: (January 1 to December 31, 2017) For the calendar year before that: (January 1 to December 31, 2016) For the calendar year before that: (January 1 to December 31, 2016) Pension premature distributions Pension premature distribution Pension premature distributions Pension premature distribution Pension premature distribution Pension premature distributions Pension premature dis												
Clanuary 1 to December 31, 2017 distributions					Sources		each : (before	source e deductions and	Sources of inc		Gross income (before deductions and exclusions)	3
List Certain Payments You Made Before You Filed for Bankruptcy				31, 2017)				\$45,078.00	1			
Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? No. Go to line 7. Yes List below each creditor to whom you paid a total of \$6,425* or more in one or more payments paid that creditor. Do not include payments for domestic support obligations, such as child supnot include payments to an attorney for this bankruptcy case. *Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjust Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid include payments for domestic support obligations, such as child support and alimony. Also, do attorney for this bankruptcy case. Creditor's Name and Address Dates of payment Total amount paid Amount you was all Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any mana a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such								\$2,693.00)			
7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any many a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such	individual primarily for a personal, family, or household purportion □ No. Go to line 7. □ Yes List below each creditor to whom you paid a tota paid that creditor. Do not include payments for do not include payments to an attorney for this bank * Subject to adjustment on 4/01/19 and every 3 years after the puring the 90 days before you filed for bankruptcy, did you paid to the payments for domestic support obligation.							e." y any creditor a to of \$6,425* or more mestic support ob uptcy case. at for cases filed o tts. y any creditor a to of \$600 or more a	e in one or more pay ligations, such as ch on or after the date of tal of \$600 or more?	re? ments and the support and	ne total amount you nd alimony. Also, do creditor. Do not	
Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any many a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such		Creditor's	s Name and	d Address		Dates of payme	ent			Was this p	ayment for	
■ No □ Yes. List all payments to an insider.		Insiders in of which you a business alimony.	clude your r ou are an of s you operat	elatives; any ficer, director e as a sole p	general par r, person in o roprietor. 11	tners; relatives of control, or owner	f any gene of 20% or	eral partners; partr more of their voti	nerships of which yong securities; and ar	u are a gene ny managing	ral partner; corporation agent, including one	
			. ,			Dates of navm	ent	Total amount	Amount vou	Reason fo	r this payment	
paid still owe		oider 3	ums and	, .uui 033		Dates of paying				Acason 10	. and payment	

Case number (if known)

Debtor 1 Gerald W. Gotch

De	btor 1 Gerald W. Gotch		Case number	er (if known)		
8.	Within 1 year before you filed for bankruptor insider? Include payments on debts guaranteed or cost		ments or transfer any prop	erty on ac	count of a de	ebt that benefited an
	■ No □ Yes. List all payments to an insider					
	Insider's Name and Address	Dates of payment		unt you till owe	Reason for Include cred	this payment litor's name
Pa	rt 4: Identify Legal Actions, Repossession	s, and Foreclosures				
9.	Within 1 year before you filed for bankruptor List all such matters, including personal injury modifications, and contract disputes.					
	□ No■ Yes. Fill in the details.					
	Case title Case number	Nature of the case	Court or agency		Status of th	e case
	Lakeview Loan Servicing LLC vs. Gerald W. Gotch 2018-706	Civil action - mortgage foreclosure	Court of Common Ple Mercer County, Pennsylvania Mercer County Courth		■ Pending □ On appe □ Conclud	eal
			Mercer, PA 16137		Complaint	filed
	Check all that apply and fill in the details belowNo. Go to line 11.Yes. Fill in the information below.	v.				
	Creditor Name and Address	Describe the Property		Date		Value of the property
		Explain what happened	d			
11.	Within 90 days before you filed for bankrup accounts or refuse to make a payment become No		luding a bank or financial i	nstitution	, set off any a	amounts from your
	Yes. Fill in the details. Creditor Name and Address	Describe the action the	oroditor took	Doto	action was	Amount
	Creditor Name and Address	Describe the action the	creditor took	taken		Amount
12.	Within 1 year before you filed for bankrupto court-appointed receiver, a custodian, or a		erty in the possession of a	n assignee	e for the bene	efit of creditors, a
	■ No □ Yes					
Pa	rt 5: List Certain Gifts and Contributions					
13.		toy did you give any gift	s with a total value of more	than \$600	nor norson	
15.	No	icy, ald you give any gill	s with a total value of more	тпап фоо	per person	•
	Yes. Fill in the details for each gift.	Describe the effect		Datas		Walana
	Gifts with a total value of more than \$600 per person	Describe the gifts		the gi	you gave fts	Value
	Person to Whom You Gave the Gift and Address:					

14.	Within 2 years before you filed for bank	ruptcy,	did you give any gifts or contribution	is with a tota	I value of more thar	1 \$600 to any charity?
	☐ Yes. Fill in the details for each gift or	contribu	ution.			
	Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Coo		Describe what you contributed		Dates you contributed	Value
Par	t 6: List Certain Losses					
15.	Within 1 year before you filed for bankru or gambling?	uptcy o	r since you filed for bankruptcy, did y	you lose anyt	hing because of the	ft, fire, other disaster
	■ No					
	Yes. Fill in the details.					
	Describe the property you lost and	Desc	ribe any insurance coverage for the lo	oss	Date of your	Value of property
	how the loss occurred	Includ	the the amount that insurance has paid. Lance claims on line 33 of Schedule A/B:	_ist pending	loss	lost
Par	t 7: List Certain Payments or Transfer	s				
16.	Within 1 year before you filed for bankru consulted about seeking bankruptcy or Include any attorneys, bankruptcy petition	prepar	ing a bankruptcy petition?			erty to anyone you
	□ No					
	Yes. Fill in the details.					
	Person Who Was Paid Address Email or website address		Description and value of any prop transferred	erty	Date payment or transfer was made	Amount of payment
	Person Who Made the Payment, if Not Dai Rosenblum, Esq. 254 New Castle Road Suite B Butler, PA 16001 dailaw@earthlink.net	rou	Attorney Fees		4/10/18	\$1,000.00
	Summit Financial Education, Inc.		Credit counseling		4/13/18	\$14.95
	Within 1 year before you filed for bankrupromised to help you deal with your cree Do not include any payment or transfer that No Yes. Fill in the details. Person Who Was Paid Address	editors It you lis	or to make payments to your creditor sted on line 16. Description and value of any prop transferred	erty	Date payment or transfer was made	Amount of payment
18.	Within 2 years before you filed for bank transferred in the ordinary course of you include both outright transfers and transfer include gifts and transfers that you have al No Yes. Fill in the details.	ur busi s made	ness or financial affairs? as security (such as the granting of a s			
	Person Who Received Transfer		Description and value of	Describe a	any property or	Date transfer was
	Address		property transferred		received or debts	made

Case number (if known)

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a
Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy page 4

Person's relationship to you

Debtor 1 Gerald W. Gotch

Debtor 1 Gerald W. Gotch Case number (if known)

	ben =	eficiary? (These are often called asset-pro	otection devices.)					
		Yes. Fill in the details.						
	Nai	ne of trust	Description and	value of the pro	perty tran	sferred		ate Transfer was nade
Pa	rt 8:	List of Certain Financial Accounts, In	struments, Safe Depos	it Boxes, and S	torage Uni	its		
20.	sold Incl	nin 1 year before you filed for bankrupto , moved, or transferred? ude checking, savings, money market, o ses, pension funds, cooperatives, asso	or other financial accou	unts; certificate:	s of depos		-	
		No						
		Yes. Fill in the details.				5.4		
		ne of Financial Institution and dress (Number, Street, City, State and ZIP e)	Last 4 digits of account number	Type of acco	ount or	Date account was closed, sold, moved, or transferred		Last balance before closing or transfer
21.		ou now have, or did you have within 1 n, or other valuables?	year before you filed fo	or bankruptcy, a	iny safe de	posit box or other depo	sitor	y for securities,
	=	No						
	Yes. Fill in the details.				-			
		ne of Financial Institution dress (Number, Street, City, State and ZIP Code)	Who else had ac Address (Number, State and ZIP Code)		Describe	the contents		Do you still have it?
22.	Hav	e you stored property in a storage unit	or place other than you	ır home within 1	l year befo	ore you filed for bankrup	otcy?	
	_	No						
		Yes. Fill in the details.			_			_
		ne of Storage Facility dress (Number, Street, City, State and ZIP Code)	Who else has or to it? Address (Number, State and ZIP Code)		Describe	the contents		Do you still have it?
Pa	rt 9:	Identify Property You Hold or Control	for Someone Else					
23.		rou hold or control any property that so comeone.	meone else owns? Inc	lude any prope	rty you boı	rrowed from, are storinເ	ງ for,	or hold in trust
		No Yes. Fill in the details.						
		ner's Name dress (Number, Street, City, State and ZIP Code)	Where is the pro (Number, Street, City, Code)		Describe	the property		Value
Pa	rt 10:	Give Details About Environmental Info	ormation					
For	the p	urpose of Part 10, the following definiti	ons apply:					
		ironmental law means any federal, state c substances, wastes, or material into t			• .			

- regulations controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Debtor 1 Gerald W. Gotch Case number (if known)

24.	4. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?				
	NoYes. Fill in the details.				
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State a ZIP Code)		Environmental law, if you know it	Date of notice
25.	Have you notified any governmental unit of any	release of hazardous material?			
	■ No □ Yes. Fill in the details.				
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State & ZIP Code)		Environmental law, if you know it	Date of notice
26.	Have you been a party in any judicial or admini	strative proceeding under any en	vironn	nental law? Include settlements a	nd orders.
	■ No □ Yes. Fill in the details.				
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nat	ture of the case	Status of the case
Par	t 11: Give Details About Your Business or Cor	nnections to Any Business			
27.	Within 4 years before you filed for bankruptcy,	did you own a business or have a	any of	the following connections to any	business?
	☐ A sole proprietor or self-employed in a	trade, profession, or other activity	y, eith	er full-time or part-time	
	☐ A member of a limited liability company	(LLC) or limited liability partners	ship (L	LP)	
	☐ A partner in a partnership				
	☐ An officer, director, or managing execu	tive of a corporation			
	☐ An owner of at least 5% of the voting or	r equity securities of a corporation	n		
	■ No. None of the above applies. Go to Part	12.			
	☐ Yes. Check all that apply above and fill in t	the details below for each busine	ss.		
	Business Name De Address	escribe the nature of the business	S	Employer Identification number Do not include Social Security n	umbor or ITIN
		ame of accountant or bookkeeper		Dates business existed	difficer of TTIM.
28.	28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.				de all financial
	■ No □ Yes. Fill in the details below.				
	Name Address (Number, Street, City, State and ZIP Code)	ate Issued			

Debtor 1 Gerald W. Gotch	Case number (if known)
Part 12: Sign Below	
are true and correct. I understand that make	of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers ting a false statement, concealing property, or obtaining money or property by fraud in connection up to \$250,000, or imprisonment for up to 20 years, or both.
/s/ Gerald W. Gotch	
Gerald W. Gotch Signature of Debtor 1	Signature of Debtor 2
Date May 3, 2018	Date
Did you attach additional pages to Your St. ■ No □ Yes	atement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?
_ ′ ′ ′ ′ ′ ′ ′ ′	is not an attorney to help you fill out bankruptcy forms?
■ No	

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Fill in this information to identify your case:				
Debtor 1	Gerald W. Gotch			
Debtor 2 (Spouse, if filing)				
United States B	ankruptcy Court for the:	Western District of Pennsylvania		
Case number (if known)				

Check	Check as directed in lines 17 and 21:						
	According to the calculations required by this Statement:						
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).						
	2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).						
	3. The commitment period is 3 years.						
	4. The commitment period is 5 years.						

\square Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part	1: Calculate Your Average Monthly Income							
1.	What is your marital and filing status? Check one of	only.						
	■ Not married. Fill out Column A, lines 2-11.							
	☐ Married. Fill out both Columns A and B, lines 2-11.							
10 th	II in the average monthly income that you received from al 01(10A). For example, if you are filing on September 15, the 6- e 6 months, add the income for all 6 months and divide the total ouses own the same rental property, put the income from that	month peri al by 6. Fill	od would in the re	l be March 1 throusult. Do not includ	igh August 31. le any income	. If the ame amount m	ount of your monthly incom ore than once. For exampl	e varied during e, if both
					Column A Debtor 1		Column B Debtor 2 or non-filing spouse	
2.	Your gross wages, salary, tips, bonuses, overtime payroll deductions).	, and cor	nmissio	ons (before all	\$	0.00	\$	
3.	Alimony and maintenance payments. Do not include Column B is filled in.	e paymer	nts from	a spouse if	\$	0.00	\$	
4.	All amounts from any source which are regularly p of you or your dependents, including child suppor from an unmarried partner, members of your househo and roommates. Do not include payments from a spou you listed on line 3.	t. Include ld, your d	regulai epende	r contributions nts, parents,	\$	0.00	\$	
5.	Net income from operating a business, profession, or farm	Debtor	1					
	Gross receipts (before all deductions)	\$	0.00					
	Ordinary and necessary operating expenses	- \$	0.00					
	Net monthly income from a business, profession, or fa	rm \$	0.00	Copy here ->	\$	0.00	\$	
6.	Net income from rental and other real property	Debtor '	1					
	Gross receipts (before all deductions)	\$	0.00					
	Ordinary and necessary operating expenses	- \$	0.00					
	Net monthly income from rental or other real property	\$	0.00	Copy here ->	\$	0.00	\$	

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

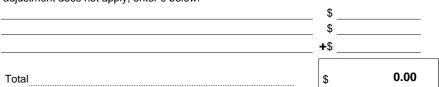
Part 2: Determine How to Measure Your Deductions from Income

- 12. Copy your total average monthly income from line 11. \$ 0.00
- 13. Calculate the marital adjustment. Check one:
 - You are not married. Fill in 0 below.
 - ☐ You are married and your spouse is filing with you. Fill in 0 below.
 - ☐ You are married and your spouse is not filing with you.

Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents.

Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page.

If this adjustment does not apply, enter 0 below.



14. Your current monthly income. Subtract line 13 from line 12.

\$______

Copy here=>

15. Calculate your current monthly income for the year. Follow these steps:

15a. Copy line 14 here=>

Multiply line 15a by 12 (the number of months in a year).

\$_____

0.00

15b. The result is your current monthly income for the year for this part of the form.

\$ 0.00

Debte	or 1	Gerald W. Gotch		Case number (if known)		
16	. Cal	culate the median family income that applies to	ou. Follow these step	s:		
	16a	Fill in the state in which you live.	PA			
	16b	Fill in the number of people in your household.	1			
		Fill in the median family income for your state and	size of household		s 53,067.00	
17		To find a list of applicable median income amounts instructions for this form. This list may also be avaived to the lines compare?	s, go online using the li		φ	
17	. поч 17а	_	on the ten of page 1 of	this form shock how 1. Dianoschla inc	nome is not determined under	~-
	17 a	11 U.S.C. § 1325(b)(3). Go to Part 3. Do N	IOT fill out Calculation	of Your Disposable Income (Official Fo	orm 122C-2).	
	17b	Line 15b is more than line 16c. On the top 1325(b)(3). Go to Part 3 and fill out Calcu your current monthly income from line 14 a	lation of Your Dispo			
Par	t 3:	Calculate Your Commitment Period Under 11	U.S.C. § 1325(b)(4)			
18.	Cop	y your total average monthly income from line 1	1		\$0.00	_
19.	con	uct the marital adjustment if it applies. If you are tend that calculating the commitment period under 1 use's income, copy the amount from line 13.	married, your spouse 1 U.S.C. § 1325(b)(4)	is not filing with you, and you allows you to deduct part of your		
		. If the marital adjustment does not apply, fill in 0 on	line 19a.		-\$0.00	_
]
	19b	Subtract line 19a from line 18.			\$	
						_
20.	Cal	culate your current monthly income for the year.	Follow these steps:			
	20a	Copy line 19b			\$	
		Multiply by 12 (the number of months in a year).			x 12	_
	20b	. The result is your current monthly income for the y	ear for this part of the t	orm	\$0.00_	
						ر 1
	20c	Copy the median family income for your state and	size of household from	line 16c	\$53,067.00	
	21.	How do the lines compare?				_
		Line 20b is less than line 20c. Unless otherwiperiod is 3 years. Go to Part 4.	se ordered by the cour	t, on the top of page 1 of this form, che	eck box 3, The commitment	
		☐ Line 20b is more than or equal to line 20c. Ur commitment period is 5 years. Go to Part 4.	less otherwise ordered	by the court, on the top of page 1 of t	this form, check box 4, The	
Par	t 4:	Sign Below				
	By s	igning here, under penalty of perjury I declare that t	he information on this	statement and in any attachments is tr	ue and correct.	
)	(/s/	Gerald W. Gotch				
•	Ge	erald W. Gotch				
	•	May 3, 2018				
	16	MM / DD / YYYY				
	-	u checked 17a, do NOT fill out or file Form 122C-2.	his form On line 20 of	that form convincer ourrent manifely:	noomo from lino 14 chave	
	III VC	a checkeo 170 milioui Form 1776-7 and Me It With '	os iour un line 39 of	mai jour cooy your current monthly l	ocome nom ine 14 apove	

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy Court Western District of Pennsylvania

In re	Gerald W. Gotch		Case No.		
		Debtor(s)	Chapter	13	
	DISCLOSURE OF COMPENSATI	ON OF ATTORN	EY FOR DE	CBTOR(S)	
C	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:				
	For legal services, I have agreed to accept		\$	4,000.00	
	Prior to the filing of this statement I have received		\$	1,000.00	
	Balance Due		\$	3,000.00	
2. \$	S 310.00 of the filing fee has been paid.				
3.	The source of the compensation paid to me was:				
	■ Debtor □ Other (specify):				
4.	The source of compensation to be paid to me is:				
	■ Debtor □ Other (specify):				
5.	■ I have not agreed to share the above-disclosed compensation	with any other person unl	ess they are memb	pers and associates of my law firm.	
	☐ I have agreed to share the above-disclosed compensation with copy of the agreement, together with a list of the names of the				
6.	In return for the above-disclosed fee, I have agreed to render lega	l service for all aspects of	the bankruptcy c	ase, including:	
t	 Analysis of the debtor's financial situation, and rendering advious. Preparation and filing of any petition, schedules, statement of Representation of the debtor at the meeting of creditors and coll. [Other provisions as needed] Exemption planning; calculate and draft Chapte \$195/hr for attorney, \$75/hr for paralegals. "No out-of-pocket costs. 	affairs and plan which ma nfirmation hearing, and a r 13 Plan. Nonrefund	ny be required; ny adjourned hear able retainer is	rings thereof;	
7. I	By agreement with the debtor(s), the above-disclosed fee does not Representation of the debtors in any discharged objection to claims, or any other adversary procremove liens, motions to reduce amounts owed filed by Trustee or a creditor, or any other conteparalegal. Loss mitigation/mortgage loan modified.	ability actions, judicia seeding. Amendments , motion to dismiss of sted matter. Total fee	I lien avoidance to Petition, An r convert, defer s at \$195/hr. fo	nended Plans, motions to nding motions or objections r attorney; \$75/hr. for	
	CERT	IFICATION			
I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.					
М	ay 3, 2018	/s/ Dai Rosenblum, I	Esq.		
	ate	Dai Rosenblum, Esc			
		Signature of Attorney Dai Rosenblum, Esc	1.		
		254 New Castle Roa			
		Suite B Butler, PA 16001			
		724-287-5300 Fax:	724-287-5302		
		dailaw@earthlink.ne			
		Name of law firm			

United States Bankruptcy Court Western District of Pennsylvania

In re Gerald W. Gotch	Gerald W. Gotch						
	Debtor(s)	Chapter	13				
VERIFICATION OF CREDITOR MATRIX							
The above-named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.							
Date: May 3, 2018	/s/ Gerald W. Gotch						
	Gerald W. Gotch						

Signature of Debtor